

City of Gravette

Stormwater Management, Drainage and Erosion Control Application

FOR STAFF USE ONLY FEE: 00 - 0.5 Acre \$100 00.51 -1.0 acres \$200 01.0 acre and over \$400

Date Application Submitted:
Date Accepted as Complete:
Application Number:

PC Meeting Date:
Ward
Atlas Page:

Please fill out this form completely, supplying all necessary information and documentation to support your request. Incomplete applications will not be accepted.

Project Name:

Project Type: 1. Is this project an LSD or PP? Large Scale Development (LSD) Preliminary Plat (PP)

Contact Information: Indicate where correspondence should be sent.

Representative:

Day Phone: <--J _____

Business Name:

Fax#: <--J _____

Address:

E-mail:

Property Owner:

Contact Name:

Address:

Fax #: <--J _____

Property Description: Attach a brief explanation of project.

E-mail:

Site Address and Parcel Number: _____

Proposed use:

Acreage:

Atlas Page:

Zoning Designation: _____

Subdivision! Name: _____

Applicant / Representative: I certify that the foregoing statements and answers herein made all data, information, and evidence herewith submitted are in all respects, to the best of my knowledge and belief, true and correct. I understand that submittal of incorrect or false information is grounds for invalidation of application completeness, determination, or approval. I understand that the City might not approve what I am applying for, or might set conditions on approval.

Y _____

DATE: _____

Property Owner / Authorized Agent: I certify that I am the owner of the property that is the subject of this application and that I have read this application and consent to its filing. (If signed by the authorized agent, a letter from the property owner must be provided indicating that the agent is authorized to act on his/her behalf)

Y _____

DATE: _____